

Summary of Benefits Report for District of Columbia, Medicaid InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	Once every 3 months for children at high risk for Early Childhood Caries
Sealants (list any tooth-specific limits)	Yes		Ages 0-14, Teeth 2-5, 12-15, 18-21, 28-31. Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay. Covered for primary molars. One per lifetime per tooth.
Space maintainers	Yes		One per lifetime per quadrant or arch.

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes		Frequency as needed	
Dental examinations	Yes	1 x 6 months		0 – 20 years of age
Assessment of risk for tooth decay	No			

X-Rays

Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			

Fillings

Silver amalgam	Yes		One per 12 months per tooth, per surface.	
Tooth colored composite	Yes		One per 12 months per tooth, per surface.	

Crowns/tooth caps

Stainless steel crowns	Yes		One per 60 months per patient per tooth.	
Metal (only) crowns	Yes		One per 60 months per patient per tooth.	
Metal/porcelain crowns	Yes		One per 60 months per patient per tooth.	
Porcelain (only) crowns	Yes - only with prior authorization		One per 60 months per patient per tooth.	

Root Canals (endodontics)

Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes		One per lifetime per patient per tooth. Retreatment of the root canal requires prior authorization	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Gum (periodontal) therapy	Yes		Frequency limit varies dependent on periodontal treatment procedure current dental terminology (CDT) code. Some periodontal CDT codes require prior authorization.	
Dentures				
Partial dentures	Yes		One per 60 months per patient per arch.	
Complete dentures	Yes		One per 60 months per patient per arch.	
Bridges	Yes - only with prior authorization			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		Maximum of 2 units reimbursed.	
Braces	Yes - only with prior authorization		Once per lifetime.	Handicapping Labio-Lingual Deviation (HLD) Index score of greater than or equal to 15. Has one or more automatic qualifying conditions that cause dysfunction due to handicapping malocclusion.
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes			
Cancer treatment	Yes			
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes		Some procedures for TMJ dysfunctions are covered D7820,D7840, D7850, D7860, and D7870.	
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes - only with prior authorization			
Anesthesia				
General anesthesia	Yes - only with prior authorization			
Intravenous conscious sedation	No			
Non-intravenous conscious sedation	No			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Analgesia (nitrous oxide)	Yes			

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).